			OMB No. 0935-0105: Approval Expires 12/31/2000
FORM MEPS (6-16-98)	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Medical Expenditure Panel Survey HEALTH INSURANCE COST STUDY		OMB No. 0935-0105: Approval Expires 12/31/2000
E	stablishment Questionnaire		
RETURN TO	Bureau of the Census 1201 East 10th Street Jeffersonville, IN 47132-0001		
If you have please call	e any questions concerning this survey,		
	Reduction Act and Burden Estimates – We will take 20 minutes, on average, per		Please correct errors in name, address, and ZIP Code. ENTER number and street if not shown.
establishmer Establishmer	nt, to complete the basic questionnaire. Ints with more than one plan will take an additional	Establishm	ent name
plans to be re	er plan, on average, up to the maximum of four eported. In addition, we estimate that it will take 15 eview the instructions and locate the requested	Secondary	name
burden estim	You may send any comments regarding this nate or any other aspect of the collection of including suggestions for reducing burden, to the	Number an	nd street
following add Studies, Pape	dress: Director, Center for Cost and Financing erwork Reduction Project 0935-0105, Agency for	City State	and ZIP Code
Health Care Policy and Research, Executive Office Center, Suite 500, 2101 East Jefferson Street, Rockville, MD 20852-4908.		City, State,	and zir code
Start here	 Please report for the establishment loca Please report data for 1997, unless othe Estimates are acceptable. Please refer to the Definition Sheet included 	ated at the a rwise speci	AT INSTRUCTIONS address shown in the label above, unless otherwise specified. ified. his package for explanations of any unfamiliar terms. If ompleting the questionnaire, please call the number
	Section	A – NUI	MBER OF PLANS
Health ins	urance coverage		
	ease respond for the location on the label abov	∕e unless ot	herwise specified.
	spond for active employees only.		
an 19 <i>Fo</i>	d you make available or contribute to the y health insurance plans for your employed 197? In this survey, a health insurance plan is hospit by sician coverage made available to employee	ees in al and/or	1 Yes – Continue with Question 1b 2 No – SKIP to Page 9, Section D
vo	ow many different health insurance choices u make available or contribute to for your nployees during your 1997 plan year?	s did	Continue with Page 2, Section B
	not count single service plans (optional plans) ntal or vision.	such as	
Pla	ans offered by the same insurance company wh	ich offer:	
	 Single and family plans providing the same level of benefits count as one plan 		
	 High and standard options count as two p An HMO and a conventional plan count a plans. 		

	Section B – PLA	N INFORMATION
Gene	eral plan information	FOR CENSUS USE ONLY
	Complete Section B for the plan with the largest enrollment of active employees. If you have a plan name preprinted in the question 1a answer box on the right, answer for the plan specified.	100
1a.	For 1997, what was the name of the health insurance plan with the largest enrollment of active employees?	Name of plan 012
	Examples: • Blue Cross Blue Shield, High Option • Option A • Aetna HMO	
b.	What was the name of the insurance company or carrier providing this plan?	Name of insurance carrier
	Examples: • Blue Cross Blue Shield • Alliance • Charter Health	
2.	Which type of health care provider was available through this plan?	1 103 1 Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)
	Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.	2 Any providers (Examples: Most conventional or indemnity plans) 3 Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)
	Any providers – Enrollees may go to physicians of their choice on a fee-for-service basis. The plan does not have any associated providers.	
	Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.	
3.	Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist?	104 1 Yes 2 No
	For plans with multiple options, answer for the "in-network" option.	
4.	Was this plan purchased from an insurance underwriter or was it self-insured?	1 Purchased – Continue with Question 5 2 Self-insured – SKIP to Page 3, Section B, Question 6a
	Purchased from an insurance underwriter – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.	
	Self-insured – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.	
5.	Was this plan purchased through a pooling arrangement with other employers such as a multi-employer trust (MET) or a multi-employer welfare arrangement (MEWA)?	112 1 Yes SKIP to Page 3, Section B, Question 7

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Section B – PLAN INFORMATION – Continued			
Self-ir	sured plan information		
6a.	Complete for self-insured plans only. Was this plan self-administered or did your organization employ an insurance company or other administrator?	106 1 Self-administered 2 Insurance company or other administrator	
b.	Did you purchase stop-loss coverage?	107 1 ☐ Yes 2 ☐ No	
C.	What was the ANNUAL COST of this plan for the 1997 plan year for this establishment? Include the following:	\$, , , , , 0 0 Annual plan cost	
	 Claims paid Administrative costs The cost of stop-loss coverage (if any) 	i i i i i i i i i i i i i i i i i i i	
d.	What was the monthly premium equivalent for ONE TYPICAL full-time employee with SINGLE coverage? Estimates are acceptable. Enter the COBRA amount when the premium equivalent is not available.	\$, 0 0 Single coverage	
e.	What was the monthly premium equivalent for ONE TYPICAL full-time employee with FAMILY coverage? Estimates are acceptable. Enter the COBRA amount when the premium equivalent is not available. Family coverage should be calculated for a typical family of four if cost varies by family size.	\$, 0 0 Family coverage	
f.	Are the amounts included in 6d and 6e premium equivalents or COBRA amounts?	111 1 Premium equivalents 2 COBRA amounts	
Plan a 7.	7. Was this plan offered through a union or a trade association? If this plan was offered through a union or trade association, please provide the information requested at the right.	Trade 3 Neither – SKIP to Association – Association – Question 8a	
		114 Name of union or trade association if a union	
		116 Name of insurance representative	
		117 Address (Number and street)	
		118 City 119 State 120 ZIP Code	
		121 Telephone number ()	

	Section B – PLAN INFO	RMA'	TION – Continued
Enrollr	nent		
	Estimates are acceptable for all enrollment figures. How many active employees were enrolled in this plan at this establishment during a typical pay period in 1997? Include full-time, part-time, temporary and seasonal	 	Active employees enrolled in plan
h	employees.	 	
IJ.	How many active employees were enrolled in single coverage during a typical pay period in 1997?	129	Active employees enrolled in single coverage
	How many former employees were enrolled through COBRA or other state continuation-of-benefits laws during a typical pay period in 1997?	 126 	Former employees enrolled in plan
Single	coverage premiums	l	
9a.	Report for typical situations and enrollees. If cost varies, report for an average employee. For this plan, how much did the employer contribute towards the plan premium of ONE TYPICAL full-time employee with single	 131 	\$. 0 0 Employer contribution
	coverage?	i I	
b.	How much did this typical employee with single coverage contribute towards his/her own premium?	 132 	\$. 0 0 Employee contribution
C.	What was the total premium for this typical employee with single coverage?	 130 	\$
d.	How frequently was the premium in question 9c paid?	133 	1 Weekly 2 Every 2 weeks 3 Monthly 4 Yearly
Family	coverage premiums	I	
10a.	Report for typical situations and enrollees. Report for a family of four if cost varies by family size. If cost varies, report for average employee. Was family coverage offered under this plan?	 	1 ☐ Yes – Continue with Question 10b 2 ☐ No – SKIP to Page 5, Section B, Question 11a
b.	For this plan, how much did the employer contribute towards the plan premium of ONE TYPICAL full-time employee with family coverage?	 135 	\$. 0 0 Employer contribution Report for the same premium period as in Question 9d.
C.	How much did this typical employee with family coverage contribute towards his/her own premium?	 136 	\$. 0 0 Employee contribution Report for the same premium period as in Question 9d.
d.	What was the total premium for this typical employee with family coverage?	 134 	\$, . 0 0 Total premium If this was a self-insured plan, this total should be the same as B6e on Page 3.

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Section B – PLAN INFORMATION – Continued			
	Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics? Mark (X) all that apply.	138 139 140 141 141 142 1999	☐ Age ☐ Sex ☐ Number of persons covered by a family plan ☐ Wage or salary levels ☐ Other – Specify ☑
b.	Did the amount an EMPLOYEE CONTRIBUTED towards his/her own coverage vary by different employee categories? Examples: Full-time, part-time, union status, wage or salary levels	 143 	1 ☐ Yes 2 ☐ No
C.	Did any enrollee receive a direct subsidy or contribution towards any part of the premium from an outside third party? Example: A union or government paid a portion of the premium	122 	1 ☐ Yes 2 ☐ No
12.	Did this plan's premium include life and/or disability insurance? Mark (X) all that apply.	 144 145 	☐ Life insurance ☐ Disability insurance ☐ No life and/or disability insurance covered by this plan
	Did this plan have a deductible? Deductibles – Predetermined amount which must be met by an individual before the plan will pay for covered services. Many HMOs do not have a deductible.	 	1 ☐ Yes – Continue with Question 13b 2 ☐ No – SKIP to Page 6, Section B, Question 15a
b.	What was the annual deductible an individual paid? Report deductibles for care received "in-network" from preferred providers. Enter physician care and hospital care amounts in appropriate boxes if separate deductibles apply. If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 15b on Page 6.	146	\$, 0 0 Individual annual deductible OR Separate deductibles for: \$, 0 0 Physician care Hospital care
	deductibles Did this plan require that a specific number of family members must reach their individual deductibles before the family deductible was met?	224 	Yes – Continue with Question 14b No – SKIP to Question 14c Family coverage not offered – SKIP to Page 6, Section B, Question 15a
b.	How many family members were required to meet their individual deductibles before the family deductible was met? Report for typical situations and enrollees.	150 150 -	Number of family members
C.	What was the total annual deductible a family paid? Report for a typical family of four.	 149 	\$. 0 0 Total family annual deductible

Section B – PLAN INFORMATION – Continued		
Copay	ments and a second seco	
	Was hospital care covered under this plan?	1 Ses – Continue with Question 15b 2 No – SKIP to Question 15c
b.	How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital stay after any annual deductible was met?	\$. 0 0 Amount paid by enrollee for hospital care
	Some plans may have both a dollar amount and a percentage copayment.	1 154 1 Per day 2 Per stay
	Out-of-pocket expense – Those costs paid directly by the enrollee.	AND/OR
	Report for precertified hospital stays (if applicable).	% Paid hou agralled
	Report for stays at "in-network"/participating hospitals.	Paid by enrollee
	Do not include any physician charges incurred during the hospital stay.	
C.	Was physician care covered under this plan?	1 Yes – Continue with Question 15d 2 No – SKIP to Question 16a
d.	How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?	\$ Amount paid by enrollee for office visit
	Some plans may have both a dollar amount and a percentage copayment.	AND/OR
	Report the copayment for an "in-network"/participating general practitioner during normal office hours.	Paid by enrollee
16a.	What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?	\$, , 0 0
		OR 1 158 No lifetime maximum
b.	What was the maximum amount this plan would have paid for an enrollee in one year?	\$, , - 0 0
		OR 221 No annual maximum
17a.	What was the maximum annual out-of-pocket expense for an individual?	\$ 0 0
	Out-of-pocket expense – Those costs paid directly by the enrollee.	OR
	Include all copayments and deductibles.	1 163 No individual maximum
	This is often referred to as a catastrophic limit.	
b.	What was the maximum annual out-of-pocket expense for a typical family of four?	\$, . 0 0
		OR 222 No family maximum

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	Section B – PLAN INFO	RMATION - Continued
Plan c	haracteristics	
18a.	Could this plan have refused to cover persons with certain pre-existing medical or health conditions?	183 1 ☐ Yes – Continue with Question 18b 2 ☐ No – SKIP to Question 19
b.	Did this happen in 1997?	¹⁸⁴ 1 ☐ Yes 2 ☐ No
19.	Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	185 1 ☐ Yes 2 ☐ No
20.	In what month did the plan year begin? Enter a two-digit numeric response. Example: January = 01; May = 05	Month
21.	Which of the services listed were covered by this plan? Mark (X) all that apply.	Routine mammograms Adult routine physical exams Routine pap smears
	Ouestion 22 refers to the 1998 plan year. Is this plan also being offered in the 1998 plan year?	186 1 ☐ Yes – <i>SKIP to Question 22c</i> 2 ☐ No – <i>Continue with Question 22b</i>
b.	If this plan is no longer offered, was it replaced with a similar plan, replaced by a substantially different plan or dropped without replacement?	187 1 Replaced with similar plan 2 Replaced by a substantially different plan 3 Dropped without offering replacement – SKIP to Page 8, Section C, Question 1
C.	Please answer for this plan or the one which replaced it. For 1998, how many active employees are enrolled in single coverage during a typical pay period?	Active employees enrolled in single coverage
d.	For 1998, how many active employees are enrolled in family coverage during a typical pay period?	Active employees enrolled in family coverage
e.	For 1998, what is the total annual premium for ONE TYPICAL enrollee with SINGLE coverage?	\$. 0 0 Single coverage premium
f.	For 1998, what is the total annual premium for ONE TYPICAL enrollee with FAMILY coverage?	\$. 0 0 Family coverage premium

	Section C - GENERAL HEALTH	COVERAGE CHARACTERISTICS		
Hospit	al/Physician plans			
1.	What was the total annual cost of coverage for ALL hospital and/or physician plans offered AT THIS LOCATION in 1997? Include both employer and employee contributions. Include the total cost of coverage for all active employees at the location specified on the label.	Annual cost for hospital and/or physician plans If you offered only one plan, and it was self-insured, this figure should be the same as B6c on Page 3.		
2a.	For 1997, did you impose a waiting period before new employees could be covered by health insurance?	1 Yes – Continue with Question 2b 2 No – SKIP to Question 3		
b.	For 1997, what was the typical waiting period?	198 1 Less than 2 weeks 2 2 2 weeks to less than 1 month 3 1 1-3 months 4 More than 3 months		
Retire	e plans			
3.	Were retirees eligible to receive hospital/physician coverage in 1997? Do not include COBRA or other state continuation-of-benefits laws.	219 1 Yes – Continue with Question 4a 2 No 3 No retirees SKIP to Question 9a		
4a.	Were retirees under 65 years of age eligible to receive health insurance in 1997?	l 209 1 ☐ Yes l 2 ☐ No		
b.	Were retirees 65 years of age and over eligible to receive health insurance in 1997?	l 210 1 ☐ Yes l 2 ☐ No		
5.	How many RETIREE-ONLY hospital/physician plan choices did you offer in 1997?	Retiree-only plans OR 511 None		
6.	Did you offer your retirees at least one portable plan? A portable plan allows the retiree to obtain care in almost all localities within the country.	512 1 ☐ Yes 2 ☐ No		
7.	What was the total number of retirees covered by health insurance through your company at all of your locations in 1997?	Retirees covered by insurance		
8a.	For the plan that had the most retirees enrolled in 1997, what was the total monthly premium for one TYPICAL retiree with SINGLE coverage?	\$, - 0 0 Single coverage premium		
b.	For this same plan, how much did the EMPLOYER contribute towards the plan premium for this typical retiree with single coverage?	\$, 0 0 Employer contribution		
Option	Optional coverage Optional coverage			
9a.	Which of the listed optional coverage services, if any, did you offer to your active employees in 1997 at an additional premium to the employee? Do not include services covered under any health plans. Mark (X) all that apply. Report on single service insurance plans only.	192 □ Dental 193 □ Vision 194 □ Prescription drugs 195 □ Long-term care □ No optional coverage − SKIP to Page 9, Section D		
b.	What was the total amount paid for optional coverage for all active employees enrolled in 1997? Include both employer and employee contributions.	\$, , , , , , , , , , , , , , , , , , ,		

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	Section D – EMPLOYME	INT C	HARACTERISTICS
1a.	Estimates are acceptable for all employment, eligibility, and enrollment figures. How many employees were on your organization's payroll at this location for a typical pay period in 1997? Include officers and owners. Exclude leased, contract or agency workers.	 200 200 1 1 1	All employees
b.	If you offered health insurance, how many of these employees were ELIGIBLE for health insurance coverage through your organization?	 201 	Eligible employees
C.	How many of these eligible employees were ENROLLED in a health insurance plan you offered?	202 	Enrolled employees
2a.	For the same typical pay period in 1997, how many of the employees at this location worked part-time?	203 203 	Part-time employees
b.	If you offered health insurance, how many of these part-time employees were ELIGIBLE for health insurance coverage through your organization?	204 204 	Eligible part-time employees
C.	How many of these eligible part-time employees were ENROLLED in a health insurance plan you offered?	 205 	Enrolled part-time employees
3a.	For the same typical pay period in 1997, how many of the employees at this location were temporary or seasonal employees?	 206 	Temporary (seasonal) employees
b.	If you offered health insurance, how many of these temporary employees were ELIGIBLE for health insurance coverage through your organization?	 207 	Eligible temporary (seasonal) employees
C.	How many of these eligible temporary employees were ENROLLED in a health insurance plan you offered?	 208 	Enrolled temporary (seasonal) employees

4a.	Section D - EMPLOYMENT Characteristics are acceptable. Provide information for a typical pay period in 1997. What percentage of your employees at this location were women?	HARACTERISTICS - Continued 016
b.	What percentage of your employees at this location were 50 years old or older?	6 Employees 50 years old or older
C.	What percentage of your employees at this location were union members?	Union members
d.	For the employees at this location in 1997, approximately what percentage earned – Less than \$6.50 per hour? Approximately \$13,000 a year or less Between \$6.50 and \$15.00 per hour? Approximately \$13,000 to \$30,000 a year More than \$15.00 per hour? Approximately \$30,000 or more a year	Earned less than \$6.50 per hour 023
5.	How many hours per week must an employee work to be considered full-time at this location?	Hours

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	Section E – BUSINES	S CH/	ARACTERISTICS
Estab	ishment characteristics		
1 a.	Do you offer any of these fringe benefits to the employees at this location? See Definition Sheet included with this package for explanation of benefits. Mark (X) all that apply.	050 051 052 053 054 055 056 057	□ Paid vacation □ Paid sick leave □ Life insurance □ Disability insurance □ Retirement/pension plans □ Medical savings accounts (MSAs) □ Flexible spending accounts □ "Cafeteria style" benefits plan
b.	If you offer a "cafeteria style" benefits plan, what is the average annual value of the plan, PER EMPLOYEE, at this location?	058	\$. 0 0 Cafeteria plan value
2.	Which one of these categories BEST describes your type of business ownership? Mark (X) only one.	062	1 ☐ S corporation 2 ☐ Corporation 3 ☐ Partnership 4 ☐ Sole proprietorship 5 ☐ Government (Federal, state, or local) 6 ☐ Joint venture or cooperative
3.	Is this a not-for-profit business?	063	1 ☐ Yes 2 ☐ No
4.	Which one of these categories BEST describes the principal business activity at this location? If more than one apply, mark the category which generates the most revenue. Mark (X) only one.	060	Retail trade Personal services (e.g., beauty shops, dry cleaners) Business services (e.g., advertising, computer processing) Other services (e.g., legal and health services) Manufacturing Wholesale trade Transportation, communication, electric, gas, or sanitary services Construction Agriculture or forestry Mining Public administration
5a.	Which of the following categories best describes the operational status of the establishment at this location at the end of 1997?	516	1 ☐ In operation SKIP to question 6 2 ☐ Temporarily or seasonally inactive Continue with question 5b
b.	During what month and year did this establishment's change in operational status occur? Enter two digit numeric responses Example: January 1996 – 1996	517	Mo. Yr.
Comp	any characteristics		
6.	How many years has your company been in business? If you operate at multiple locations, enter the number of years the parent company has been in business.	064	Years in business
7.	What is the total number of employees your business had at all locations for a typical pay period in 1997? Estimates are acceptable.	034	Employees at all locations

	Section F – HEALTH INS	SURANCE NOT OFFERED
othe	plete only if health insurance is NOT offered, rwise SKIP to Section G below	
Ta.	Did your business offer any health insurance as a benefit to the employees at this location between January 1, 1992 and December 31, 1996?	1
b.	What was the last year your business offered health insurance coverage to the employees at this location?	1 9 9 Last year offered
2.	In 1997, did you pay the medical or hospital bills of your employees directly, other than for workers' compensation and/or injuries suffered on the job?	1 049 1 Yes 1 2 No
3a.	Instead of providing a health plan in 1997, did you provide a voucher or stipend to your employees which could be used to purchase health insurance?	1 Yes – Continue with Question 3b 2 No – SKIP to Section G
b.	Was this voucher or stipend to be used exclusively for health insurance or health care?	1 046 1 Yes 1 2 No
C.	What was the average annual value PER EMPLOYEE of this voucher or stipend at this location?	\$. 0 0 Voucher value
d.	How frequently was this voucher or stipend paid?	1 Weekly 2 Every 2 weeks 3 Monthly 4 Yearly
500 Rem	arks	
	Section G – PERSON COMPL	ETING THIS QUESTIONNAIRE
²¹² Nam	e (Please print)	²¹³ Title
Signatu	re	214 Date (Month/Day/Year) M M D D Y Y Y Y 1 9 9
²¹⁵ Tele (phone number 220 Extension 216 FAX number	²¹⁷ E-Mail address